

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 08/33368-U	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5							55			
6		5					56			
7		2					57			
8		2					58			
9		5					59			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	50									
TOTAL DEP.	44									
TOTAL CLAIMS	94									

Best Available Copy